PTO/S8/22 (12-04)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |   |                           |            | Docket Number (Optional) |  |  |
|---|---|---------------------------|------------|--------------------------|--|--|
| FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   |                           |            | 131219MG                 |  |  |
| Application Number 10/604,748   |   |                           |            | Filed 08/14/2003         |  |  |
| FOR MEHTOD AND APPARATUS FOR DIRECTLY COOLING HOLLOW CONDUCTOR WOUND TRANSVERSE GRADIENT COIL BOARDS  |   |                           |            |                          |  |  |
| Art Unit 2859   |   |                           |            | Examiner Tiffany Fetzner |  |  |
| This is a request under the provisions of 37 CFR 1,138(a) to extend the period for filing a reply in the above identified application.  |   |                           |            |                          |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |                           |            |                          |  |  |
|   |   |                           | <u>Fee</u> | Small Entity Fee         | 470  |  |
| X O   | ne month (37 CFR 1  | i.17(a)(1))               | \$120      | \$60                     | \$ 120   |  |
| T\  | wo months (37 CFR   | 1.17(a)(2))               | \$450      | <b>\$225</b>             | \$   |  |
| □ TH  | hree months (37 CFI   | R 1.17(a)(3))             | \$1020     | <b>\$510</b>             | \$   |  |
| ☐ F   | our months (37 CFR  | 1.17(a)(4))               | \$1590     | \$795                    | \$   |  |
| Fi  | ive months (37 CFR  | 1. <b>17(a)(</b> 5))      | \$2160     | \$1080                   | s  |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |   |                           |            |                          |  |  |
| A check in the amount of the fee is enclosed.   |   |                           |            |                          |  |  |
| Payment by credit card. Form PTO-2038 is attached.  |   |                           |            |                          |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                           |            |                          |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to   |   |                           |            |                          |  |  |
| Deposit Account Number <u>070845</u> . I have enclosed a duplicate copy of this sheet.  |   |                           |            |                          |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.   |   |                           |            |                          |  |  |
|   |   |                           |            |                          |  |  |
| I am theapplicant/inventor.   |   |                           |            |                          |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |   |                           |            |                          |  |  |
| attorney or agent of record. Registration Number 54,994   |   |                           |            |                          |  |  |
| attorney of agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |   |                           |            |                          |  |  |
| 9   | / Alegierration i   | unider if acting under 37 | OFR 1.34   | - 10 / -                 |  |  |
|   | Si  | ignature                  |            | Date Date                | 8  |  |
|   | Patrick M.  |                           |            | (414) 225-               | 7563<br>Number   |  |
| Typed or printed name Telephone Number  |   |                           |            |                          |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |                           |            |                          |  |  |
| Total of  | 1, 826 DOIOW.   | forms are su              | bmitted.   |                          | tiple forms if more than one \$2000000000000000000000000000000000000 |  |
| This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to  |   |                           |            |                          |  |  |
| This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer.  U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED  |   |                           |            |                          |  |  |
| and a property of the state of |   |                           |            |                          |  |  |
| FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  If you need assistance in completing the form, call 1-800-PTO-8189 and select option 2.  ** RCVD AT 5/31/2005 12:31:27 PM (Factorn Davigith Time) * SVR:USPTO-FFXRF-1/3 * DNIS:8720306 * CSID:4142800112 * DNIDATION (mm-cc):06-40   |   |                           |            |                          |  |  |
| 3* RCVD AT 5/31/2005  | - MANA WE AVERTAL IN TERRESOLD BRANDING INDICE AND AND LABORATED AND TRANSPORTED BRANDING BRANDING STREET AND THE PROPERTY OF |                           |            |                          |  |  |
|   | •   |                           |            |                          |  |  |
|   |   |                           |            |                          | 06/05/2005   |  |
|   |   |                           |            |                          | /90  |  |